

## **Independent Aging Agenda Event Post-Event Summary Report**

**Name of the Event:** Healthcare & Retirement in Southern Ohio: What Does the Future Hold?

**Date(s) of the Event(s):** June 10, June 17, and June 24, 2005

**Location(s) of the Event(s):** Appalachian Gateway Center, Southern State Community College, Sardinia, Ohio (6/10); Ohio University Southern Campus, Collins Career Center, Ironton, Ohio (6/17); The Ohio State University Southern Centers Endeavor Center, Piketon, Ohio (6/24)

**Number of Persons Attending:** approximately 50 at each session

**Sponsoring Organization:** Area Agency on Aging District 7, Inc., Rio Grande, Ohio

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Agenda Issue: Our Community - “Aging in Place” Barriers due to Rurality

**Priority #1:** In the last reauthorization of the Older Americans Act, Congress addressed individuals living in rural areas as “targeted populations” to be served, but did not include specific means by which this could be accomplished. Rural service delivery should be specifically and securely addressed through the next reauthorization and appropriation. No longer should agencies and organizations serving rural elders experience the “roller coaster” effect when funds are re-directed for new initiatives that, while much needed, create the situation of “robbing Peter to pay Paul”. Rural areas continue to experience the “rural rebound” as elders come home in later years when health issues begin to occur and they begin to need services to “age in place”. The lack of adequate rural funding does nothing to assist them or their caregivers who will either engage in long distance care giving (because they had to move away to get an education and/or a job), or face decisions about remaining in their local job or quitting to care for their family member. (See attached resolution, page 5.)

**Barriers:**      **1)** Current federal funding formula is totally based on per capita. **2)** Many different definitions of rural in federal funding streams. **3)** Administration on Aging’s lack of clearly defined “rural” status when considering the population density, geographic isolation and scarcity of service availability. **4)** Urban is more easily defined than rural. **5)** Older Americans Act currently has no title that addresses rural areas for service delivery.

**Proposed Solution:**      **1)** Rural areas are challenged by factors, such as geographic isolation, higher square miles, low population density, low tax bases, high unemployment, poverty, health care shortage, lack of affordable housing, etc. Thus, we propose that Congress should mandate the creation of a new subtitle under Title III of the Older Americans Act channeling resources to those rural areas as directed by Congress in the 2000 Older Americans Act reauthorization. Funds under this new subtitle should provide for: a) a stable administrative infrastructure for providers; b) increased resources for outreach; and, c) equity in a rural older adult’s ability to access

services, whether services are local, such as health care, transportation, adult day care, in-home personal care, respite, etc., or those specialty services found only in metropolitan areas. **2)** The Administration on Aging should be more prescriptive in approval or disapproval of states' funding formulas with regard to the rural factor. The rural factor should be equitable with other funding formula variables.

Agenda Issue: Our Community - Inadequate Resources to Prevent Elder Abuse in Rural Areas

**Priority #2:** To address the abuse, neglect, fraud and exploitation of elders, and the lack of community mental health and addiction services for the elderly.

**Barriers:** **1)** Lack of awareness of the community about the issues of abuse, neglect, fraud and exploitation of older adults and the need for mental health services. **2)** Focus is on other vulnerable populations. **3)** Bias towards "getting involved" in "family business". **4)** Older adults' fear of reporting due to fear of retribution, dependency on others for assistance. **5)** Ageism with regards to how funds will be allocated for investigation and intervention programs. **6)** Lack of education and training of professionals to recognize treatable mental health problems of the elderly. **7)** Lack of understanding that mental health does not equate with "crazy" or 'demented' in the elderly. **8)** Unclear definitions of what constitutes elder abuse, neglect, exploitation and fraud.

**Solutions:** **1)** Establish a memorandum of understanding between the Administration on Aging and national law enforcement and judiciary organizations that creates a partnership to address the prevalence of abuse, neglect, exploitation and fraud of older adults. **2)** Create outreach and education training and protocols for law enforcement programs. **3)** Provide adequate funding (such as Title XX of the Social Services Block Grant), so that Adult Protective Services can be established at the local level with the same commitment as Child Protective Services. **4)** Provide additional funding for the Regional Long-Term Care Ombudsman services in each state. **5)** Recommend that states follow the example of Ohio in putting into state statute the legal authority and regulations governing the Regional Long-Term Care Ombudsman Programs. **6)** Institute task forces in each community that address abuse, neglect, exploitation and fraud issues (membership to include law enforcement, human services, service providers, and judiciary, such as the prosecuting attorney). **7)** Establish incentives for personnel trained in geriatric mental health to practice in rural areas. **8)** Provide specific training in higher education and medical school (as a requirement, not an elective) in mental health issues of the elderly. **9)** Continue to educate the population about good mental health, and work to decrease the bias about mental health services in general. **10)** Define the parameters of elder abuse, neglect, exploitation and fraud in state statute.

Agenda Issue: Health and Long Term Living - In Rural Communities

**Priority #3:** Affordable Transportation for Rural Areas

**Barriers:** 1) Adequate funding. 2) Conflicting regulations. 3) “Turf” issues between providers. 4) Requirements of seniors, for example: some need door-to-door, some can manage curb-to-curb. 5) Inability for local communities to sustain coordinated projects with local funds only. 6) Cost of gasoline, compounded in rural areas with high square mileage. 7) Limited hours of service. 8) Seniors not wanting to ride with younger individuals. 9) Seniors desiring one-on-one escort service, which is more costly. 10) The cost and coverage of liability insurance.

**Solutions:** 1) Coordinate transportation dollars between agencies, i.e., schools, state transportation departments, senior service agencies, etc. 2) Establish a volunteer driver network, and reimburse those costs. 3) Allow flexibility in the usage of vehicles for transportation in rural areas. 4) Provide incentives to organizations to provide transportation rural areas. 5) Restore, then maintain, alternate fundingssources for transportation, such as Social Services Block Grant Title XX.

Agenda Issue: Health and Long Term Living - In Rural Communities

**Priority #4:** To provide adequate community long-term services, such as adult day care, personal care and/or homemaking, home repair, home-delivered meals, and non-Medicaid case management.

**Barriers:** 1) The Older Americans Act has not received the increases needed to address the increase in the aging population since its passage, nor has it kept pace with the increasing cost of providing services. 2) There is a bias that heavily populated areas are the only areas to be affected by the “baby boomer” generation. 3) The belief exists that local communities can generate enough funds to offset the increasing cost of services. 4) Not enough individuals are choosing home and community-based care services as a career path. 5) Reimbursement rates for in-home services do not provide adequate income and benefits for workers. 6) Regulations for different funding sources for the same service create increased costs and administration for service providers. 7) Adequate funding is not available for outreach, education and communication of solutions. 8) People still do not recognize where to go for information regarding aging issues.

**Solutions:** 1) Fully fund the Older Americans Act based on the current demographics, with prioritization given to those most in need, i.e., socially isolated, impoverished, or medically at-risk populations. 2) Allocate funds to both rural and urban areas to prepare for the “baby boomer” generation. 3) Provide and/or allow other sources of federal funds that can be used to provide services. 4) Provide funding for rural areas to establish “career ladders” for individuals interested in providing in-home and community-based long-term care. 5) Develop incentive programs to

encourage individuals to choose in-home and community-based long-term care as a career. **6)** Increase funding that is specifically targeted for outreach and education of the community at large. **7)** Maintain or expand funding through federal sources, such as the Appalachian Regional Commission, in order for local development districts to address identified service and infrastructure issues.

Agenda Issue: Health and Long Term Living - In Rural Communities

**Priority #5:** To maintain and secure the Medicare program, including prescription drug benefits.

**Barriers:** **1)** Cost of prescription medications. **2)** Influence of the pharmaceutical companies. **3)** Lobbyists for special interests. **4)** The current Medicare Modernization Act not assisting all beneficiaries with prescription drug issues.

**Solutions:** **1)** Ensure that the Medicare Trust Fund will be viable for at least 50 years. **2)** Allow the federal government to negotiate prescription drug reimbursements. **3)** Develop legislation that allows all elderly consumers to receive prescription drugs at reasonable costs.

Agenda Issue: Planning Along the Lifespan - For Rural Communities

**Priority #6:** To provide economic security through preservation and funding of Social Security; securing personal pension programs; and holding corporations responsible for job-related illnesses and industry-related health issues.

**Barriers:** **1)** Lack of national legislation to secure pension and retirement benefits at 100%. **2)** Political cooperation among factions and Congress.

**Solutions:** **1)** Fund economic development projects in rural areas that assist in raising the tax base and provide stable, full-time jobs that provide a living wage with benefits. **2)** In the southern Ohio region, the Appalachian Regional Commission funds are vitally important in providing an avenue for federal funds to assist in establishing much needed jobs and services. Maintain these funds at the federal level of appropriations. **3)** Elevate the reimbursement rate for Medicaid Waiver services to create a living wage with available benefits, such as health care. **4)** Prosecute corporate fraud and create the means whereby employees receive compensation for their personal losses. **5)** Maintain the benefit programs of social security without requiring individual accounts. **6)** Create legislation to guarantee funding for pensions and related corporate benefits.

PLEASE NOTE: Responses from a survey of professionals in the field of aging (predominantly baby-boomers) supported the above, with these additional priorities indicated: employment opportunities, housing, crime, and education.

# **2005 WHITE HOUSE CONFERENCE ON AGING**

## **Area Agency on Aging District 7, Inc.**

### **Proposed Resolution**

WHCoA Topic Area: Our Community  
Issue: Older Americans Act

WHEREAS, the last reauthorization of the Older Americans Act (OAA) added individuals living in rural areas as “targeted population” to be served;

WHEREAS, the last OAA reauthorization did not include a specific funding allocation by which this targeted population could be served;

WHEREAS, rural areas continue to experience the “rural rebound” as elders come home in later years when health issues begin to occur and they begin to need services to “age in place”;

WHEREAS, the current federal funding formula for the Older Americans Act is totally based on per capita;

WHEREAS, rural areas are challenged by factors such as: geographic isolation, high square mileage, low population density, low tax base, high unemployment, poverty, health care shortage, lack of affordable housing, et.al.;

\*WHEREAS, rural older persons generally have access to a smaller number and more narrow range of community-based services, especially services for the severely impaired;

\*WHEREAS, too little attention has been given to designing service delivery models and strategies specifically for rural areas and population;

\*WHEREAS, most rural services are based on programs and policies designed for urban places, and “scaled down” urban programs have not been shown to be effective;

\*WHEREAS, clear gaps exist in the “continuum of care” in rural communities and often, there are few alternatives for those who cannot live independently but do not require institutionalization;

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

Congress should mandate the creation of a new subtitle under Title III of the Older Americans Act channeling resources to those rural areas as directed by Congress in the 2000 Older Americans Act reauthorization;

Funds under this new subtitle should provide for a) a stable administrative infrastructure for providers; b) increased resources for outreach; and, c) equity in a rural older adult’s ability to access services, whether services are local, such as health care, transportation, adult day care, in-home personal care, respite, etc., or those specialty services found only in metropolitan areas;

The Administration on Aging should be more prescriptive in approval or disapproval of states’ funding formulas with regard to the rural factor. The rural factor should be equitable with other funding formula variables.

\* from Aging in Rural Settings: Life Circumstances and Distinctive Features, Raymond T. Coward and John A. Krout, Editors

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